

Interoperability revocation of a third-party application

A member of Samaritan Health Plans (SHP)/InterCommunity Health Network Coordinated Care Organization (IHN-CCO), or their authorized representative, must complete this form to revoke a third-party application's (app) access to all their health information.

Please ensure the form is completed and signed before submitting it. Missing information may result in your request being canceled. If canceled, a new, completed form must be submitted.

Member information:

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of birth (MM/DD/YYYY): _____ Member ID: _____

Email: _____

Note: Follow-up communications about this request will be conducted only by email. If you do not provide an email address, this form will not be processed.

Member's authorized representative information (if applicable):

For interoperability data sharing requested by an authorized representative, SHP/IHN-CCO must have a documented authorized representative relationship on file. This form does not create an authorized representative relationship.

Last name: _____ First name: _____ MI: _____

Email: _____

Note: Follow-up communications about this request will be conducted only by email. If you do not provide an email address, this form will not be processed.

Third-party app information:

Revoke this third-party app's access to all the member's health information:

Third-party app name (example: iHealth): _____

Third-party app developer name (example: Apple): _____

Note: If revoking access for more than one third-party app, a separate form must be submitted for each app.

SHP/IHN-CCO understands that your protected health information is personal, and is committed to protecting your privacy. SHP/IHN-CCO is obtaining this written authorization revoking a third-party app's access to all your health information.

You can find the SHP and IHN-CCO Notice of Privacy Practices at samhealthplans.org/Notice-of-Privacy-Practices.

Member rights:

I understand that my protected health information may be accessed, exchanged, or used by an electronic health information exchange application (EHIE) (or covered entity/other payers). I have the right to revoke my personal health information from being used by a third-party app. If I revoke this authorization, the information described within will no longer be used or disclosed for the reasons stated. The revocation will be effective immediately upon SHP/IHN-CCO's receipt and processing.

I understand that refusal to sign the authorization will not negatively affect my ability to receive health care services or reimbursement for services. I understand that the information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer be protected under federal law. This authorization may be canceled (revoked) at any time.

I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict re-disclosure of HIV/AIDS test or result information, mental health information, genetic information and drug/alcohol diagnosis, treatment or referral information.

You can find more information about interoperability at samhealthplans.org/ThirdPartyApps or IHNtogether.org/ThirdPartyApps.

Please initial indicating that you have read the "Member rights" section of this form.

Initial here: _____

A handwritten signature is required on this form. Electronic signatures are not accepted.

Who is making this request? Member Member's authorized representative

Requester signature: _____ Date: _____

Requester printed name: _____

Choose a form submission option:

- **Email** completed and signed form to HealthPlanResponse@samhealth.org.
- **Mail** completed and signed form to Samaritan Health Plans/IHN-CCO, Attn: Customer Service, PO Box 1310, Corvallis, OR 97339.

If you have questions about this form, please call Customer Service at **541-768-4550** or **800-832-4580** (TTY **800-735-2900**), Monday through Friday from 8 a.m. to 8 p.m.